

PARADISE UNIFIED SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT PASS APPLICATION
RETURN APPLICATION TO TRANSPORTATION OFFICE ~ 610A Pearson Road
(Mailing Address: 6696 Clark Road, Paradise, CA 95969)
Please make checks payable to PUSD

- | | | | |
|--|----------|---|---------|
| Option #1: Annual Round Trip | \$194.40 | Option #2: Biannual Round Trip (expires 1/17/18) | \$97.20 |
| Option #3: Annual One Way AM or PM (circle) | \$97.20 | Option #4: Biannual One Way AM or PM (circle) | \$48.60 |
| Option #4: Ten Ride Punch Pass Qty. _____ | \$6.00 | Option #6: Single Ride Ticket Qty. _____ | \$1.00 |

ONE APPLICATION PER HOUSEHOLD

Parent/Guardian Name _____ Date _____

Home Address _____ P. O. Box _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Emergency phone _____ Name _____

Check
Here If
Foster
Child
Must
Attach
Proof

Student information

STUDENT NAME	School	Grade	Home Bus Stop	OPT #	Cost	AM Route #	PM Route #
					N/C		
					N/C		

Please note any health concerns TRANS staff should be aware of on the bus relating to your child(ren):

Please list all other children in the home.

Name	Age

OPTIONAL: If desired you may supply a 1"x 1" photo of your student to be placed on pass prior to laminating.

STUDENTS MUST GET OFF ONLY AT THEIR ASSIGNED BUS STOP.

REQUEST FOR SPECIAL STOP ARRANGEMENTS/TRANSFER PASSES

***Students must have school approval and specially marked pass for transfers.**

- Discovery Club @ CCCS – (Ponderosa Students) PM only Boy's & Girl's Club—(Paradise INT Students) PM only **

***NOTE: Student may only have 2 stops listed on bus pass. (Home Bus Stop plus 1 Alternate Stop)**

- Alternate Stop _____ AM Route # _____ PM Route # _____

Parent Signature for Student Release @ Alternate Stop: _____ Date _____

My student and I have read, understand and agree to abide by the **Student Expectations**:

Parent Signature _____ Date _____

APPLICATION FOR FREE OR REDUCED COST HOME TO SCHOOL TRANSPORTATION
(Please fill out both sides of this application form.)

Student Name (s) _____

To apply for FREE OR REDUCED COST TRANSPORTATION **please fill out the following OR attach a copy of your qualification letter** for free and reduced pricing from Food Service.

A HOUSEHOLD IS any group of related or non-related individuals (parents, children, grandparents, aunts, uncles, roommates, etc.) who are living as one economic unit. They share rent, a kitchen, utility bills, etc.
INCOME includes but is not limited to salary or wages; earnings from self-employment, farming or unemployment, child or spousal support; welfare payments (not food stamps); pensions, Social Security, S.S.I; income from investments, and all other income for all members of the household as defined above.

LIST THE NAMES OF ALL ADULTS IN HOUSEHOLD PLUS ANY CHILDREN WHO HELP SUPPORT THE HOUSEHOLD AND PROVIDE THE FOLLOWING MONTHLY INCOME:

Names of adults in household. (Include adults with no income.)	Total earnings from work (before deductions) Include all jobs.	Social Security/ Retirement Pension	Unemployment/ Workman's Compensation	Welfare (AFDC) (TANF)	Alimony/ Child Support	All Other Income

IF YOUR INCOME CHANGES, YOU HAVE THE RESPONSIBILITY TO REPORT IT TO US WITHIN 10 DAYS.

VERIFICATION OF ALL INCOME WILL BE REQUIRED IF THIS APPLICATION IS SELECTED FOR AUDIT.

Household Size: Adults ____ Children ____ Total Household Size ____

Total Monthly Income Before Deductions \$ _____
NOTE: Applications that show \$0.00 income will not be accepted.

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to loss of bus pass and prosecution under applicable State and Federal laws.

Signature of Parent _____
Date

<p align="center">*For Office Use Only*</p> <p>Household Size: Adults ____ Children ____ Total Household Size ____</p> <p>Total Income \$ _____ () Monthly () Annual () Weekly () Bi-Weekly</p> <p>Eligibility Determination: () Approved Free () Approved Reduced Price () Denied</p> <p>Reason for Denial: () Income Too High () Incomplete Application () Other Reason:</p> <p>Init. _____ Date _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date verification requested:</td> <td style="width: 50%;">Date verification completed:</td> </tr> <tr> <td colspan="2">Date ____/____/____ W/I Mail W/I Mail</td> </tr> <tr> <td colspan="2">Check # ____/____</td> </tr> <tr> <td colspan="2">Cash Amt ____/____</td> </tr> </table>	Date verification requested:	Date verification completed:	Date ____/____/____ W/I Mail W/I Mail		Check # ____/____		Cash Amt ____/____	
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